2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 03, 2006 8:00 am Secretary of State 03-03-2006 90110 007 ***150.00 DOCUMENT # P04000153996 ONE NIGHT STAND ENTERTAINMENT INC. Principal Place of Business Mailing Address 11402 NW 41 ST 11402 NW 41 ST SUITE 204 SUITE 204 MIAMI, FL 33178 MIAMI, FL 33178 2. Principal Place of Business Mailing Address 6257 NW 113 PL 113 PL 6257 NW Suite, Apt. #, etc. Suite, Apt. #, etc. 02282006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For MIAMI MIAMI - F 32-0145936 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33178 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRANCO, FERNANDO JR. TORRES, MICHELLE G Street Address (P.O. Box Number is Not Acceptable) 11402 NW 41 ST SUITE 202 113 PL 6257 NW MIAMI, FL 33178 Zip Code 33178 -City MIAMI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FERNANDO HRANCO JR. SIGNATURE. ne of registered agent 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE 🔀 Delete TIT) F ☐ Addition Change TORRES, VICTOR A NAME NAME 11402 NW 41 ST, SUITE 204 STREET ADDRESS STREET ADDRESS MIAMI, FL 33178 CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE Change : ☐ Addition FRANCO, FERNANDO JR. FRANCO, FERNANDO JR NAME NAME STREET ADDRESS 11402 NW 41 ST, SUITE 204 STREET ADDRESS 6257 NW 113 PL CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP MIAMI - FI 33178 THIE ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

FILED